

Individual

Demographic Reporting Form

Positive Alternatives

Date: 4-20-2015 Grantee Name: Helping Hand Pregnancy Center

1. Client Age Range:

Under 15	15-17	18-19	20-24	25-29	30-34	35+	Unknown age
1	3	3	12	5	5	1	

2. Client Pregnancy Status:

1st Trimester	2nd Trimester	3rd Trimester	Post-partum	Pregnancy Status Unknown
4	4	8	14	

3. Client Marital Status:

Married	Not Married	Marital Status Unknown
10	19	1

4. Client Race:

Race: White	Race: African American	Race: African-American	Race: American Indian	Race: Asian Pacific	Race: Other/ Multi Race	Race: Unknown
13	1	1	1		13	1

5. Client Ethnicity:

Hispanic Ethnicity: Yes	Hispanic Ethnicity: No	Ethnicity: Unknown
19	15	1

Instructions for completing form

- 1. Complete a form on each new client who qualifies for participation in the Positive Alternatives program. (Eligible clients are women residing in Minnesota who are pregnant or who are parenting an infant 12 months old or younger.)**
- 2. Collect answers for the form at the time the Necessary Services discussion is held with the client.**
- 3. For each question, check the box that corresponds to the category best describing the client.**
- 4. If your organization does not collect information requested on the form (e. g., race and/or ethnicity) check “unknown”.**
- 5. For “Client Pregnancy Status”, if the client is not pregnant, but is entering the program parenting an infant 12 months old or younger, check “post-partum”.**